

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390307		(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/18/2023	
NAME OF PROVIDER OR SUPPLIER: EDGEWOOD SURGICAL HOSPITAL STATE LICENSE NUMBER: 17330101				STREET ADDRESS, CITY, STATE, ZIP CODE: 239 EDGEWOOD DRIVE EXTENSION TRANSFER, PA 16154			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
P 0000	<p>INITIAL COMMENT</p> <p>This report is the result of an unannounced onsite complaint investigation (JAC20C001A) conducted on June 10 and 11, 2020, at Edgewood Surgical Hospital. The Department was onsite on at the facility on March 28, 2022, and December 12, 2022, with deficient practice cited at those times. The facility submitted acceptable Plans of Correction to correct the deficient practice.</p>			P 0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:



Certified End Page

EDGEWOOD SURGICAL HOSPITAL

STATE LICENSE NUMBER: 17330101

SURVEY EXIT DATE: 05/18/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in cursive script that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY